

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048703

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12604

FILED JAN 10 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

admission)

c. CITY  
OR  
TOWN

ST. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2862 Ohio Ave.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

OTTO

Middle

Karl

Last

Rothenberg

4. DATE

OF  
DEATH

Month

Dec. 29, 1962

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

Feb 11, 1893

## 9. AGE (last birthday)

69

## IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Cigar Manufacturer

## 10b. KIND OF BUSINESS OR INDUSTRY

Triple CCC Cigar Co.

## 11. BIRTHPLACE (City and state or country)

Germany

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Wilhelm Rothenberg

## 13b. MOTHER'S MAIDEN NAME

Louise (UNKNOWN)

## 14. NAME OF HUSBAND OR WIFE

Helen Rothenberg

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Helen Rothenberg 2862 Ohio Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

## INTERVAL BETWEEN

ONSET AND DEATH

1 minute

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral Arteriosclerosis

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Death occurred at

9 am 12/26/62

to 12/29/62

and last saw her

live on 12/28/62

## 22a. SIGNATURE

(Degree or title)

Alvin S. Wernicke, M.D.

## 22b. ADDRESS

8112 Delmar

## 22c. DATE SIGNED

12/31/62

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

## 23b. DATE

JAN. 2, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

ST. Louis, Co. Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Will Mortuary 6409 Gravois Ave.

## 25. DATE RECD. BY LOCAL REG.

DEC 31 1962

## 26. REGISTRAR'S SIGNATURE

Karl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DR. Wannellor  
4-24-1944  
St. Louis  
8112 Delmar  
Pg 1-2337

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.